



New Mexico Judicial Branch COVID-19 Court Facility Screening Questions
Employee

UPDATED October 14, 2020

1. Within the past 14 days, have you traveled outside of the United States?
 - ☐ Yes - *You are not permitted to enter the building*
 - ☐ No - *Please proceed to question #2*
2. Within the past 14 days, have you traveled to another state? (If you reside outside of New Mexico or traveled for essential medical care outside of New Mexico, have left the State for less than twenty-four hours for matters attendant to parenting responsibilities, please answer "other")
 - ☐ Yes
 - ☐ No - *Please proceed to question #3*
 - ☐ Other (notify your supervisor)

If you answered "YES", did you travel to one of the following locations?

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, or Wyoming

- ☐ Yes
- ☐ No - *Please proceed to question #3*

If you answered "YES", can you show documentation of a valid negative COVID-19 test taken within 72 hours before or after entry into New Mexico?

- ☐ Yes
- ☐ No - *You are not permitted to enter the building*

3. Have you been asked to self-quarantine because of COVID-19 and are you still within the quarantine period?
 - ☐ Yes - *You are not permitted to enter the building*
 - ☐ No



4. Within the past 14 days, have you been diagnosed with COVID-19 by a doctor?
- ☐ Yes- *You are not permitted to enter the building*
 - ☐ No
 - ☐ Yes, but I received a clearance letter from the Department of Health.
5. Within the past 14 days, have you had a positive test results for COVID-19 from a testing center or by the Department of Health?
- ☐ Yes - *You are not permitted to enter the building*
 - ☐ No
 - ☐ Yes, but I received a clearance letter from the Department of Health
6. In the past 14 days, have you been in contact with anyone who you know has COVID-19, or with someone who is required to self-quarantine?
- ☐ Yes - *You are not permitted to enter the building*
 - ☐ No
7. Within the past 14 days, have you had a fever at or above 100.4 degrees, chills, sore throat, body aches, or headaches?
- ☐ Yes - *You are not permitted to enter the building*
 - ☐ No
8. Within the past 14 days, have you developed new shortness of breath, difficulty breathing, or dry cough?
- ☐ Yes - *You are not permitted to enter the building*
 - ☐ No
9. Have you recently developed a loss of taste or smell?
- ☐ Yes - *You are not permitted to enter the building*
 - ☐ No